







ORIGINAL APPLICATION

DOCKET NO. GC647-2

BELOW NAMED INVENTOR, I HEREBY DECLARE THAT:

MY RESIDENCE, POST OFFICE ADDRESS AND CITIZENSHIP ARE AS STATED BELOW NEXT TO MY NAME. I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (IF ONLY ONE NAME IS LISTED BELOW) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (IF PLURAL NAMES ARE LISTED BELOW) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED METHOD FOR GENERATING A LIBRARY OF MUTANT OLIGONUCLEOTIDES USING THE LINEAR CYCLIC AMPLIFICATION REACTION, THE SPECIFICATION OF WHICH

CH	IECK ONE:	
	IS ATTACHED HERETO	
\overline{X}	WAS FILED ON DECEMBER 4, 2001 AS APPLICATION SERIAL NO.	10/008,620

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE. I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION WHICH IS MATERIAL TO PATENTABILITY AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56.

I HEREBY CLAIM FOREIGN PRIORITY BENEFITS UNDER TITLE 35, UNITED STATES CODE §119, OF ANY FOREIGN APPLICATION(S) FOR PATENT OR INVENTOR'S CERTIFICATE LISTED BELOW AND HAVE ALSO IDENTIFIED BELOW ANY FOREIGN APPLICATION FOR PATENT OR INVENTOR'S CERTIFICATE HAVING A FILING DATE BEFORE THAT OF THE APPLICATION ON WHICH PRIORITY IS CLAIMED.

			PRIORITY CLAIMED		
APPLICATION NUMBER	COUNTRY	DATE OF FILING	YES NO		
- / .					

I HEREBY CLAIM THE BENEFIT UNDER TITLE 35, UNITED STATES CODE §120, OF ANY UNITED STATES APPLICATION(S) LISTED BELOW AND, INSOFAR AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56(A) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION.

APPLICATION NUMBER	DATE OF FILING	STATUS - PATENTED, PENDING OR ABANDONED
09/729,520	12/4/00	

POWER OF ATTORNEY: AS A NAMED INVENTOR I HEREBY APPOINT AS MY ATTORNEY(S) WITH FULL POWER OF SUBSTITUTION AND REVOCATION, TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH:







MARGARET A. HORN, REG. NO. 33,401 CHRISTOPHER L. STONE, REG. NO. 35,696 RICHARD T. ITO, REG. NO. 32,242 VICTORIA L. BOYD, REG. NO. 43,510 JANET KAISER CASTANEDA, REG. NO. 33,228 H. THOMAS ANDERTON, REG. NO. 40,895

	II. THOMAS ANDERTO	14, 1120. 14	· ·	10,000					
SEND CORRESPONDENCE TO: DIRECT TO				CT TELEPHONE CALLS TO:					
VICTORIA L. BOYD			(650) 846-7615						
GENENCOR INTERNATION	GENENCOR INTERNATIONAL, INC.								
925 PAGE MILL ROAD									
PALO ALTO, CA 94304-1	1013								
201									
FULL NAME OF INVENTOR	INVENTOR FULL FIRST NAME		INITIAL LAST NAME						
	Ana	M. RODRIGUEZ			- 101110				
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP			ENSHIP				
DOCT OFFICE ADDRESS	MUNDELEIN ILLINOIS U.S.A. POST OFFICE ADDRESS CITY STATE OR COUNTI		TE OR COUNTRY	ZIP CODE					
POST OFFICE ADDRESS	590 YARDLEY TRAIL		MUNDELEIN			IOIS	60060		
202	OOO TARDEET TIVE								
FULL NAME OF INVENTOR	FULL FIRST NAME	INITIAL		LAST NAME					
TOLE WAND OF MALESTON	HUAMING .			WANG					
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP					
	FREMONT	CALIFORN	IIA		لـــا	U.S.A.			
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY				TE OR COUNTRY FORNIA	ZIP CODE		
	4337 CALYPSO TERRACE	FREM	ION		CAL	IOANIA	94555		
203		I MUTIAL		LACTAIANG		· · · · · · · · · · · · · · · · · · ·			
FULL NAME OF INVENTOR	FULL FIRST NAME	INITIAL		LAST NAME					
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP			ISHIP				
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY			STATE	OR COUNTRY	ZIP CODE		
204				T					
FULL NAME OF INVENTOR	FULL FIRST NAME	INITIAL	•	LAST NAME					
RESIDENCE & CITIZENSHIP	CITY	STATE OR F	OREI	GN COUNTRY	Ī	COUNTRY OF CITIZE	ENSHIP		
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY			STA	TE OR COUNTRY	ZIP CODE		
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205				1 1 4 0 7 1 1 4 1 -		· <u> </u>			
FULL NAME OF INVENTOR	FULL FIRST NAME	INITIAL	-	LAST NAME					
RESIDENCE & CITIZENSHIP	CITY	STATE OR F	OREI	GN COUNTRY		COUNTRY OF CITIZE	ENSHIP		
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POST OFFICE ADDRESS									
FOST OFFICE ADDITES	POST OFFICE ADDRESS	CITY			STA	TE OR COUNTRY	ZIP CODE		

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I FURTHER DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE, AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUING THEREON.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
Ma Company	Way His
DATE 218/02	DATE 2/18/02
SIGNATURE OF INVENTOR 203	SIGNATURÉ OF INVENTOR 204
DATE	
SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE